Owner Information Sheet

Address of Rental Property _____ City Location _____

_____ Plantation

Owner Name(s) _____ Emergency Contact _____

Owner Mailing Address _____ Emergency Home Phone _____

_____ Emergency Work Phone _____

Home Phone _____ Emergency Mobile Phone _____

Home Fax _____

Work Phone (1) _____ Work Phone (2) _____

Work Fax (1) _____ Work Fax (2) _____

Mobile Phone (1) _____ Mobile Phone (2) _____

Email Address _____

Who Has Keys to Property _____ _____

How Many Garage Remotes _____ _____

Year Home Built _____ Builder _____ Model _____ Square FT _____

Style Home	Single	2 Story	Low Country		Charleston	
View	Wooded	Lagoon	Golf	Marsh	Ocean	Other _____
Outside	Deck	Patio	Irrigation	Pool	Screened Porch	
Bedrooms _____	Bathrooms _____		Garage _____			
Den _____	Carolina RM _____					
Furnished _____	Un Furnished _____					
Pets	Yes	No	Negotiable			
HVAC How Many Units _____			Location	Attic	Garage	Other _____
Hot Water Heaters How Many _____			Size _____		Location _____	
Appliances Included	Range	Dishwasher	Refrigerator	Microwave	Washer	Dryer

Available Rental Dates _____

Regime Mgmt. Co. Phone # _____

Regime Includes	Trash	Water	Landscaping	Pest Control

_____

Landscaper _____ Pest Control _____

Plumber _____ Phone Service _____

Electrician _____ Cable Service _____

A/C Contractor _____ Electric Service _____

General Contractor _____ Gas Service _____

Pool Maintenance Co. _____ Water & Sewer Service _____

Trash Service _____

Pest Control	Monthly	Quarterly	Bi-Annual	Yearly
Termite Bond	YES	NO	Company _____	Telephone _____
A/C Maintenance	Monthly	Quarterly	Bi-Annual	Yearly

Referral _____

Please Return with the following Attachments:

1.ACH Bank Form with Cancelled Check
2.W-9
3.Management Contract
4.Utility Authorization